

Need U.L. Number if SIGN is ILLUMINATED

COUNTY OF HENRY, VIRGINIA

APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) _____ ZONING DISTRICT _____
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only		D. PROPOSED USE - For "Wrecking" most recent use <table border="0"> <tr> <td> Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ </td> <td> Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input checked="" type="checkbox"/> Other - Specify <u>SIGN</u> </td> </tr> </table>		Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input checked="" type="checkbox"/> Other - Specify <u>SIGN</u>
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B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		C. COST 10. Total Value \$ _____ 11. Use permit required yes <input type="checkbox"/> no <input type="checkbox"/>			
TYPE: _____ SIZE: _____ U. L. Number(s) _____					

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.)		J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____		H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No		L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms 54. Number of bathrooms { Full Partial			

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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